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CONFIRMATION NO. 4665

Bib Data Sheet

SERIAL NUMBER 10/665,735	FILING DATE 09/18/2003 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 200.1113CON2
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APPLICANTS

Philip J. Palermo, Bethel, CT;

Robert D. Colucci, Newtown, CT;
Robert F. Kaiko, Weston, CT;

** CONTINUING DATA *****

This application is a CON of 09/815,162 03/22/2001 PAT 6,627,635
 which is a CON of 09/218,663 12/22/1998 PAT 6,228,863
 which claims benefit of 60/068,479 12/22/1997

** FOREIGN APPLICATIONS ***** NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/10/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CT	0	11	1
Verified and Acknowledged	Examiner's Signature <u>KEW</u> Initials				

ADDRESS

DAVIDSON, DAVIDSON & KAPPEL, LLC
 14th Floor
 485 Seventh Avenue
 New York , NY
 10018

TITLE

Method of preventing abuse of opioid dosage forms

	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT